Revision:

HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 4.18-D

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

Premiums Imposed on Low Income Pregnant Women and Infants

A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

Not Applicable

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

Not Applicable

*Description provided on attachment.

TN No. 92-1
Supersedes Approval Date NOV 1 4 1994
TN No. None 1-1-92

HCFA ID: 7986E

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		STATE PL		TITLE XIX		SOCIAL SECU	RITY ACT	
c.	State	or local for	inds unde	r other p $\frac{\sqrt{x}}{\sqrt{x}}$	rograms a	are used to	pay for pr	emiums:
D.	a brei	riteria used nium because lbed below:	for dete	ermining with a cause as	whether to n undue h	the agency w ardship on	ill waive an individ	payment ual are
	Not a	applicable						

*Description provided on attachment.

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IN NO	NOV 4 4 100 4		
Supersedes App	roval Date NOV 1 4 1994	Effective Date	1-1-92
Supersedes App IN No. None		TITOUTIVE Date _	
		WCFR ID. 7006F	